

ANZCA/ASA/NZSA  
SPECIAL INTEREST GROUP  
MEMBERSHIP APPLICATION FORM

Please indicate which Special Interest Group(s) you wish to join:

- |  |   |
|--|---|
| <input type="checkbox"/> Acute Pain  | <input type="checkbox"/> Neuroanaesthesia               |
| <input type="checkbox"/> Airway Management   | <input type="checkbox"/> Obstetric Anaesthesia          |
| <input type="checkbox"/> Anaesthesia and Critical Care in Unusual Transport Environments | <input type="checkbox"/> Perioperative Medicine         |
| <input type="checkbox"/> Anaesthetists in Management                                     | <input type="checkbox"/> Regional Anaesthesia           |
| <input type="checkbox"/> Cardiothoracic, Vascular and Perfusion                          | <input type="checkbox"/> Rural                          |
| <input type="checkbox"/> Day Care Anaesthesia  | <input type="checkbox"/> Simulation and Skills Training |
| <input type="checkbox"/> Diving and Hyperbaric Medicine                                  | <input type="checkbox"/> Trauma                         |
| <input type="checkbox"/> History of Anaesthesia and Resuscitation                        | <input type="checkbox"/> Welfare of Anaesthetists       |
| <input type="checkbox"/> Medical Education   |   |

**MEMBERSHIP TYPE**

Membership is of two types, please indicate the type applied for:

- MEMBER:** (Fellows of ANZCA, or Ordinary Members of the ASA or NZSA)  
Please indicate your affiliation/s:
- Fellow of ANZCA
  - Ordinary Member of ASA
  - Ordinary Member of NZSA

- ASSOCIATE MEMBER:**
- People with special interests, who are not eligible to be full members. These may include Associate Members of the ASA or NZSA; registered Trainees of ANZCA allied health professionals or members of other related professional organisations.
- Associate Members require nomination by two full members of the SIG and approval by majority at a meeting of the Executive Committee of the SIG. Please ensure the following section is completed. (An annual membership fee may be applicable.)**

NOMINATION

We wish to nominate..... to Associate Membership of the .....Special Interest Group.

Signature	Print Name (Full member of SIG)
Signature	Print Name (Full member of SIG)

***Please complete section overleaf***

## DETAILS OF APPLICANT

Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Other Names: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_\_\_\_

Hospital: \_\_\_\_\_

Preferred Mailing Address: Please indicate if this is:  Home  Work

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

H Phone: (\_\_\_\_) \_\_\_\_\_ H Fax: (\_\_\_\_) \_\_\_\_\_

W Phone: (\_\_\_\_) \_\_\_\_\_ W Fax: (\_\_\_\_) \_\_\_\_\_

Mobile: \_\_\_\_\_

Basic Degree: \_\_\_\_\_ Year: \_\_\_\_\_

University: \_\_\_\_\_

Specialist Qualification: \_\_\_\_\_ Year: \_\_\_\_\_

Signed: .....

Date: ...../...../.....

### Mail to (including fee if applicable):

Hannah Burnell  
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Kirsty O'Connor  
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Australian and New Zealand College of Anaesthetists,  
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Or

Robert Campbell  
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Australian Society of Anaesthetists,  
PO Box 600, Edgecliff NSW 2027, Australia.  
Tel: +61 2 9302 2709 Fax: +61 2 9327 7666

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Office use  
Approved by SIG Executive on \_\_\_\_/\_\_\_\_/\_\_\_\_

Fee Applicable: \$ \_\_\_\_\_ Received: \_\_\_\_\_